

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19016
State File No. _____
Registrar's No. 1305

LED JUN 7 1943

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2128 Erick Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Helen Mary Kaucher.

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Earnest R. Kaucher 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased May 11, 1909. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 0 21 hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Harry Schanz
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Laura Laramie
15. Birthplace Florissant, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Earnest R. Kaucher

(b) Address 2128 Erick Ave.

17. (a) Burial (b) Date thereof June 4/43. (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) JUN 3 1943 (b) E. H. McNamee (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 2128 Erick Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1943 hour 8.00 minute A.M.

21. I hereby certify that I attended the deceased from 5-24-43 to 5-24-43, 19____; that I last saw her alive on 5-24-43, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary failure Duration Hours

Due to Hypertrophy & dilatation, heart 2 yrs
due to advanced arteriosclerosis and 24 yrs
Due to arteriosclerosis, nephrosclerosis 3 yrs

Other conditions Chronic passive congestion
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy action

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Jos. E. Flynn (M. D. or other) Med.

Address St. Louis Co. Hospital Date signed 6-2-43

Hodiamont MS

Dr. Rolla Bracy
6400 Easton Ave.,
Mu. 5084.

AUG 5 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No.....**3225**
P. O. Address.....**1125 Hodiamont Ave.,**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.